United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

| · | | | | | | | OURT CASE NUMBER | | | |
|--|-------------------|---------------|---|------------------------|--------------------|--|------------------|---------------------------------------|---|--|
| | Lynn Watter, | Jr. | ······································ | | · · · | -cv-1084 | | | | |
| DEFENDANT Konra | ا مدما | | | | | YPE OF PROCESS Order, Complaint, Notice, Waiver and Consent form | | | | |
| Konra | | NIDIVIDITATI | COMPANY COPPOR | ATION ETC TOS | 1 | | - | | | |
| NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE Karen Konrad | | | | | | | | | | |
| AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) | | | | | | | | | | |
| Brown County Jail 3030 Curry Ln Green Bay, WI 54311 | | | | | | | | | | |
| SEND NOTICE O | | | , , , , , , , , , , , , , , , , , , , | 4 9 - (* : | .OW | Nu | mher of proce | ess to he | 7 | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 | | | | | | | | | | |
| | Barry Lyni | | r. nal Institution | | | Nin | mber of partie | es to be | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | PO Box 19 | | iai institution | | | | ved in this cas | | | |
| | Green Bay | | 7-9033 | | | Che | eck for service | e | ·· , · · · · · · · · · · · · · · · · · | |
| | | , | 7 (7-2 | | | | U.Ş.A. | | | |
| SPECIAL INSTRU | JCTIONS OR OT | THER INFOR | RMATION THAT WILL | ASSIST IN EXPEDI | TING SERVICE (| Include | Business and a | Alternate Addres | ses, All Telephone | |
| Numbers, and Estima | | | | | | | | | | |
| | | | | | | | | | | |
| Signature of Attorn | ev or other Origi | nator request | ing service on behalf of: | [7] D | A D IMITED | TELI | EPHONE NU | JMBER | DATE | |
| | | • | , | ☑ Pi | LAINTIFF | | · | | | |
| Barry Lynn Wa | itter, Jr. | | | D | EFENDANT | | | , , | 03/10/2021 | |
| | SPACE BEL | OW FOR | USE OF U.S. MAI | RŞHAL ONLY - | - DO NOT WI | RITE | BELOW | THIS LINI | <u> </u> | |
| I acknowledge rece | | Total Proce | ess District of Origin | District to Serve | Signature of Au | thorized | d USMS Dep | uty or Clerk | Date | |
| number of process (Sign only for USM) | | | | | | | | | | |
| than one USM 285 | | | No | No | | | | | | |
| I hereby certify a | nd return that I | ☐ have pe | ersonally served, 🗖 1 | have legal evidence | of service, | have e | xecuted as: | shown in "Re | marks", the | |
| process described | d on the individ | ual, compan | ny, corporation, etc., at | | | | | | | |
| shown at the add | | | - | | | . , | | · · · · · · · · · · · · · · · · · · · | | |
| • | · | | e to locate the individual, | company, corporation | ı, etc. named abov | | | | · ···· | |
| Name and title of in | ndividual served | (if not shown | above) | | | Date | | Time | □ am | |
| | | | | | | | | | □ pm | |
| Address (complete only different than shown above) | | | | | | | ature of U.S. | Marshal or De | puty | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Service Fee | Total Mileage | Charges | Forwarding Fee | Total Charges | Advance Depos | its | Amount ox | wed to U.S. Ma | rshal* or | |
| 1,100 x 00 | (including ende | · · | · · · · · · · · · · · · · · · · · | - 4-m. 4-m. D40 | | | (Amount o | | * * | |
| | | | | | | | | | | |
| REMARKS | | | | 1 | | | L | | | |

KEWIAKKS

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

| | , | | , | | | | | | | | |
|---|--|---------------------------------------|---|----------------------|-----------------|---------------------|-------------------------------------|--|---|-------------|--|
| PLAINTIFF | Lynn Watter, | T. | | | 1 | | OURT CASE NUMBER 9-cv-1084 | | | | |
| DEFENDANT | Lynn watter, | Jr. | | | | | PE OF PROCESS | | | | |
| | | | | | | | | ce, Waiver and | Consent fo | orm | |
| Kyme | | NDIVIDUAL C | OMPANY CORPOR | ATION ETC. TO S | ERVE OR DE | | | | | | |
| SERVE | NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE CO Bowder | | | | | | | | | | |
| AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) | | | | | | | | | | | |
| Brown County Jail 3030 Curry Ln Green Bay, WI 54311 | | | | | | | | | | | |
| . SEND NOTICE C | | | STER AT NAME A | | LOW | Nu | mber of proce | ess to be | | | |
| | | · · · · · · · · · · · · · · · · · · · | , | | | | ved with this | | | | |
| | Barry Lynn | | To sate at a | | | Nim | mber of partic | es to he | | | |
| | PO Box 19 | Correctional | institution | | | | ved in this car | | | | |
| | , | wi 54307-9 | 033 | | | Ch | eck for service | Δ | | | |
| | Green Day, | W1 \$45\$1-2 | (22 | | | | U.S.A. | C | | | |
| SPECIAL INSTRI | ICTIONS OF OT | HER INFORMA | ATION THAT WILL . | ASSIST IN EXPEDI | TING SERVIO | CE (Include | Rusiness and | Alternate Addres | ses. All Tolo | nhone | |
| Numbers, and Estim | | | THOU THAT WILL | 100101 111 2711 271 | in to part th | C. (2110111110 | \$115111CUD 111111 1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | pnone | |
| | | | | | | | | | | | |
| | 1 0 1 1 | | 11.1.16.6 | | | T merci | TELEPHONE NUMBER DATE | | | | |
| Signature of Attor | ney or other Origin | nator requesting | service on behalf of: | ☑ PI | LAINTIFF | IEL | TELETIONE NOMBER DATE | | | | |
| Barry Lynn W | atter, Jr. | | | D | EFENDANT | | 03/10/2021 | | | | |
| | SPACE BEL | OW FOR U | SE OF U.S. MAI | RSHAL ONLY - | - DO NOT | WRITE | BELOW | THIS LIN | E | | |
| I acknowledge rec | eipt for the total | Total Process | District of Origin | District to Serve | Signature o | f Authorize | d USMS Dep | uty or Clerk | Date | | |
| number of process | | | | | | | | | | | |
| (Sign only for USM than one USM 285 | | | No | No | | | | | | | |
| | | ☐ have perso | onally served, h | ave legal evidence | of service | ☐ have € | executed as | shown in "Re | emarks" t | he | |
| | | | corporation, etc., at | | | | | | | | |
| shown at the add | lress inserted bel | low. | | | | | | | | · | |
| ☐ I hereby ce | rtify and return tha | t I am unable to | locate the individual, | company, corporation | n, etc. named a | above <i>(See i</i> | remarks belo | W) | | | |
| Name and title of | ndividual served (| if not shown abo | ove) | | | Date | ; | Time | | am | |
| | | | | | | | | | | pm | |
| Address (complete only different than shown above) | | | | | | | Signature of U.S. Marshal or Deputy | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | Ţ | | | | |
| Service Fee | Total Mileage C | | orwarding Fee | Total Charges | Advance D | | | | | | |
| | (including ende | uvors) | | | | | (Amount of Refund*) | | | | |
| | <u> </u> | | | | <u> </u> | ,, , | J | | | | |
| DEMARKS | | | | | | | | | | | |

REMARKS

United States Marshals Service

PROCESS RECEIPT AND RETURN

| PLAINTIFF | | | | | | COURT | CASE NUMB | ER | | |
|---|---------------------------------|-------------------|--|----------------------|--|-------------|---|-------------------------------|--|--|
| | Lynn Watter, | Jr. | | | | 19-cv-1 | 19-cv-1084 | | | |
| DEFENDANT | 1 , 1 | | , | | | | TYPE OF PROCESS Order, Complaint, Notice, Waiver and Consent form | | | |
| Konra | ad et al | NIČIVIDIJAL C | OMPANIA CORROR | ATION ETC. TO SI | PAR OR D | | • | - | • | |
| NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE CO B. Nies | | | | | | | | | | |
| AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) | | | | | | | | | | |
| Brown County Jail 3030 Curry Ln Green Bay, WI 54311 | | | | | | | | | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be | | | | | | | | | | |
| | Barry Lyni | n Watter, Jr. | . , | | | şe | rved with this | Form 285 | | |
| | | Correctional | Institution | | | | umber of parti rved in this ca | | | |
| | | , WI 54307-9 | 033 | | | 1 | heck for servic | e | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): | | | | | | | | | | |
| Signature of Attor | ney or other Origi | nator requesting | service on behalf of: | ☑ PI | AINTIFF | TE | TELEPHÒNE NUMBER DATE | | | |
| _ `` | | | | | | | | 03/10/2021 | | |
| | SPACE BEL | OW FOR U | SE OF U.S. MAI | RSHAL ONLY - | TON OQ | WRITI | E BELOW | THIS LINI | 3 | |
| I acknowledge rec number of process (Sign only for USM than one USM 283 | indicated. M 285 if more | Total Process | District of Origin | District to Serve | Signature o | of Authoriz | ed USMS Dep | outy or Clerk | Date | |
| | d on the individ | ual, company, | onally served, D is corporation, etc., at | | | | | | | |
| ☐ I hereby ce | rtify and return th | at I am unable to | locate the individual, | company, corporation | , etc. named | above (See | remarks belo | w) | | |
| Name and title of | individual served | (if not shown abo | ove) | | | Dat | e | Time | □ am □ pm | |
| Address (complete | e only different tha | nn shown above) | , | | | Sig | nature of U.S. | Marshal or De | P | |
| Service Fee | Total Mileage (including end | | rwarding Fee | Total Charges | Advance D | Deposits | . , , | wed to U.S. Ma of Refund*) | ırshal* or | |
| REMARKS | | | / | | L - , , , , , , , , , , , , , , , , , , , | , 1 | _ | | | |

United States Marshals Service

PROCESS RECEIPT AND RETURN

| l contraction of the contraction | | | | | | URT CASE NUMBER -cv-1084 | | | | |
|--|-------------------------------|------------------------------------|---|--|-----------------------------|---|--------------------------------|---------------------------|---------------------------|---|
| DEFENDANT | | ····· | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | · · · · · · · · · · · · · · · · · · · | | YPE OF PROCESS rder, Complaint, Notice, Waiver and Consent form | | | | |
| Konra | nd et al | INDIVIDUAL CO | OMPANÝ, CORPOR | ATION, ETC., TO S | , | | * | • | • • • | |
| SERVE | Lt. Brisba | ne | | | | | | | | |
| AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Brown County Jail 3030 Curry Ln Green Bay, WI 54311 | | | | | | | | | | |
| CENTO MOTTOE (| | | | | OW | | | | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 | | | | | | | | | | |
| | Green Bay | n Watter, Jr. Correctional | Institution | | | | nber of parties | | | |
| | PO Box 19 | 033 , WI 54307-90 | 133 | | | | ck for service | | | , , |
| | Green Day | , WI 54507-90 | ,33 | | | | J.S.A. | | | |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): | | | | | | | | | | |
| Signature of Attor | ney or other Origi | nator requesting s | ervice on behalf of: | ✓ PI | LAINTIFF | TELE | TELEPHONE NUMBER DATE | | | |
| Barry Lynn W | atter, Jr. | | | D | EFENDANT | | | | 03/10/ | 2021_ |
| | SPACE BEL | OW FOR US | SE OF U.S. MAI | RSHAL ONLY - | - DO NOT W | RITE I | BELOW T | HIS LIN | E | |
| I acknowledge rec | | Total Process | District of Origin | District to Serve | Signature of A | uthorized | USMS Depu | ty or Clerk | Date | |
| number of process (Sign only for USM than one USM 285 | 1 285 if more | | No | No | | | | | | |
| I hereby certify a process describe shown at the add | d on the individ | ual, company, c | nally served, D hearing hear hear hear hear hear hear hear hear | nave legal evidence the address shown | of service, above on the or | have ex | recuted as sl lividual, con | nown in "Renpany, corp | emarks", t oration, et | he c. |
| ☐ I hereby ce | rtify and return th | at I am unable to | ocate the individual, | company, corporation | n, etc. named abor | ve (See re | emarks below, |) | | |
| Name and title of | individual served | (if not shown abo | ve) | | | Date | | Time | | am |
| Address (complete | only different the | in shown above) | | | | Signa | ture of U.S. M | larshal or De | enuty | pm |
| Addiess (complete | omy ayjerem mo | m snown above) | | | | Sigila | ture or O.S. IV | iaisiiai (ii DC | pury | |
| Service Fee | Total Mileage (including ende | | rwarding Fee | Total Charges | Advance Depo | osits | Amount owe (Amount of | ed to U.S. Ma Refund*) | arshal* or | |
| REMARKS | | , , , _ _ | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 | | | , , , , , | | , , , , , , , , , , , , , , , , , , , |

United States Marshals Service

PROCESS RECEIPT AND RETURN

| PLAINTIFF | , , , , , , , , , , , , , , , , , , , | т. | | | | COURT | CASE NUMBI | ER | | | |
|--|---|-------------------|--|--|---------------------------------------|------------------|-------------------------------------|---------------------------|----------------------------|--|--|
| Barry | Lynn Watter, | , Jr. | | | | . , | 9-cv-1084 | | | | |
| DEFENDANT | | ********* | | | | | TYPE OF PROCESS | | | | |
| Konrad et al Order, Complaint, Notice, Waiver and Consent form | | | | | | | | | | | |
| NĂME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE Nurse Emily B. | | | | | | | | | | | |
| AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) | | | | | | | | | | | |
| Brown County Jail 3030 Curry Ln Green Bay, WI 54311 | | | | | | | | | | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be | | | | | | | | | | | |
| | Barry Lyn | n Watter, Jr. | | | | se | erved with this | Form 285 | | | |
| | | Correctional | Institution | | | | umber of partie rved in this ca | | | | |
| | | , WI 54307-9 | 0033 | | | | heck for servic | æ | , | | |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): | | | | | | | | | | | |
| Signature of Attorn | ney or other Origi | inator requesting | service on behalf of: | ✓ PI | LAINTIFF | TE | LEPHONĖ NÙ | IMBER | DATE | | |
| Digitature of Attori | nator requesting | 1.2. | DEI IIQIAE IAÇ | الم المالية المالية | DATE | | | | | | |
| Barry Lynn Wa | itter, Jr. | | | D | EFENDANT | | | | 03/10/2021 | | |
| | SPACE BEL | OW FOR U | SE OF U.S. MAF | RSHAL ONLY - | - DO NOT | WRITI | E BELOW | THIS LIN | E | | |
| I acknowledge reco | | Total Process | District of Origin | District to Serve | Signature of | of Authoriz | ed USMS Dep | outy or Clerk | Date | | |
| number of process (Sign only for USA) | | | | | | | | | | | |
| than one USM 285 | is submitted) | | No | No | | | | | | | |
| I hereby certify a process describe shown at the add | d on the individ | lual, company, | onally served, \square h corporation, etc., at | nave legal evidence the address shown | of service, above on th | have ne on the i | executed as andividual, co | shown in "Reompany, corpo | emarks", the oration, etc. | | |
| ☐ I hereby cer | tify and return th | at I am unable to | locate the individual, | company, corporation | n, etc. named | above (See | remarks belo | w) | | | |
| Name and title of i | ndividual served | (if not shown ab | ove) | | | Dat | ie | Time | □ am | | |
| | | | | | | | | | □ pm | | |
| Address (complete only different than shown above) | | | | | | | Signature of U.S. Marshal or Deputy | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* | | | | | | | | arshal* or | | | |
| | (including ende | eavors) | · | | | | (Amount o | of Refund*) | | | |
| | | | | | | | | | | | |
| REMARKS | . , , , , , , , , , , , , , , , , , , , | -1441 | d - dra-ray d 1 - 5 th group | 1 - 21 - 1 10 - 4 - 13 - 1 | , , , , , , , , , , , , , , , , , , , | | | | | | |

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

| | | | | | | | | COURT CASE NUMBER | | | | |
|---|--------------------------------|----------------------------|---|-----------------|---|---------------------|--|---------------------------------------|---|--|--|--|
| | Lynn Watter, Jr. | · | ,, | | | | 0-cv-1084 | | | | | |
| DEFENDANT | .1 .4 .1 | | | | | | YPE OF PROCESS Order, Complaint, Notice, Waiver and Consent form | | | | | |
| Konrad et al Order, Complaint, Notice, Waiver and Consent form NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEM | | | | | | | | | | | | |
| SERVE Cpl. West | | | | | | | | | | | | |
| AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) | | | | | | | | | | | | |
| Brown County Jail 3030 Curry Ln Green Bay, WI 54311 | | | | | | | | | | | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be | | | | | | | | | | | | |
| , | D I W44 | . T. | | | | ser | ved with this | Form 285 | | | | |
| | Barry Lynn Watte | | | | | Ni | mber of parti | es to he | , | | | |
| | Green Bay Correct PO Box 19033 | zuonai insutution | | | | | ved in this ca | | | | | |
| | Green Bay, WI 54 | 1307-9033 | | | | Ch | eck for service | · | ···· | | | |
| | Green pay, wi | 1507-9055 | | | | | U.S.A. | | | | | |
| | UCTIONS OR OTHER IN | | VILL ASSIS | ST IN EXPEDI | TING SERVI | ÇE (Include | Business and | Alternate Addres | sses, All Telephone | | | |
| Numbers, and Estim | ated Times Available for Ser | vice): | | | | | | | | | | |
| | | | | | | | | | | | | |
| Signature of Attor | ney or other Originator re- | mesting service on hehal | lf of: | | | TEI | TELEPHONE NUMBER DATE | | | | | |
| Signature of Fittiger | ioj di dinoi di Bilimidi io | fracture der 11de du carre | | ☑ P | LAINTIFF | 1 - 77 | | | | | | |
| Barry Lynn Wa | atter, Jr. | | | _ _ D | EFENDANT | | | · y····· | 03/10/2021 | | | |
| | SPACE BELOW F | OR USE OF U.S. | MARSH | AL ONLY - | - DO NOT | WRITE | BELOW | THIS LINI | E | | | |
| I acknowledge reco | eipt for the total Total | Process District of O | rigin Di | strict to Serve | Signature o | f Authorize | ed USMS Dep | uty or Clerk | Date | | | |
| number of process | | | | | | | | | | | | |
| (Sign only for USM than one USM 285 | is submitted) | No | No | | | | | | | | | |
| | and return that I ha | ve nersonally served | □ have l | egal evidence | of service | ☐ have | executed as | shown in "Re | emarks", the | | | |
| process describe | d on the individual, con | npany, corporation, et | tc., at the a | ddress shown | above on the | e on the ir | ndividual, co | mpany, corp | oration, etc. | | | |
| shown at the add | lress inserted below. | | • | | | | | • • • | | | | |
| ☐ I hereby cer | tify and return that I am u | mable to locate the indiv | idual, comp | any, corporatio | n, etc. named | above (See | remarks belo | w) | | | | |
| Name and title of i | ndividual served (if not sh | iown above) | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Date | e | Time | □ am | | | |
| | | | | | | | | | □ pm | | | |
| Address (complete only different than shown above) | | | | | | | nature of U.S. | I Marshal or De | | | | |
| Tada ess (complete only aggeron man shorn agove) | | | | | | | | • • | | | | |
| | | | | | | | | | | | | |
| | | | | | | l | | | | | | |
| | | | | | | | | | | | | |
| Service Fee | Total Mileage Charges | Forwarding Fee | Tota | l Charges | Advance D | eposits | Amount o | wed to U.S. Ma | arshal* or | | | |
| | (including endeavors) | | | | | (Amount of Refund*) | | | | | | |
| | | | | | | | | | | | | |
| DEMADES | | | - , . , L - , . , | 77 7 7 7 7 | 1 | 7 7 | -,L,,,,,,,,, | ,, ,, , , , , , , , , , , , , , , , , | , | | | |

REMARKS

United States Marshals Service

PROCESS RECEIPT AND RETURN

| | | | | | | | A | 4. 1. 4. 17.74 | (· · · · · · · · · · · · · · · · · · · | | |
|--|--|-------------------------------|---------------------------|----------------------|--------------|---|---|---|---|--|--|
| PLAINTIFF Barry | | OURT CASE NUMBER 9-cv-1084 | | | | | | | | | |
| DEFENDANT Konra | d et al | | , , , , | • | | | TYPE OF PROCESS Order, Complaint, Notice, Waiver and Consent form | | | | |
| SERVE | | | | | | | | | | | |
| AT | AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Brown County Jail 3030 Curry Ln Green Bay, WI 54311 | | | | | | | | | | |
| SEND NOTICE C | | | | | .OW | Nu | mber of proce | one to be | , , , , , , , , , , , , , , , , , , , | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Barry Lynn Watter, Jr. Number of process to be served with this Form 285 | | | | | | | | | | | |
| | | Correction | al Institution | | | | mber of partic | | | | |
| | Green Bay | , WI 54307 | -9033 | | | | eck for servic U.S.A. | e | | | |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): | | | | | | | | | | | |
| Signature of Attorr | ney or other Origi | nator requestin | ng service on behalf of: | ☑ PI | AINTIFF | TEL | TELEPHONE NUMBER DATE | | | | |
| Barry Lynn Wa | atter, Jr. | | | Di | EFENDANT | | | | 03/10/2021 | | |
| | SPACE BEL | OW FOR | ŲSE OF Ų.S. MAI | RSHAL ONLY – | DO NOT | WRITE | BELOW | THIS LINI | Ē | | |
| I acknowledge recenumber of process (Sign only for USM than one USM 285 | indicated. I 285 if more | Total Proce | District of Origin No. | District to Serve | Signature o | of Authorize | d USMS Dep | uty or Clerk | Date | | |
| | d on the individ | ual, compan | rsonally served, | | | | | | | | |
| | | | to locate the individual, | company, corporation | , etc. named | | | | | | |
| Name and title of i | | | , | | | Date | | Time | □ am □ pm | | |
| Address (complete only different than shown above) Signature of U.S. Marshal or Deputy | | | | | | | | | | | |
| Service Fee | Total Mileage (including ende | | Forwarding Fee | Total Charges | Advance D | Amount owed to U.S. Marshal* or (Amount of Refund*) | | | | | |
| REMARKS | ALCOHOLOGICA TO THE PARTY OF TH | | | | 1 | | 1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ************************************** | | |